

October 16, 2006

DHS HCO 06-7026

Mr. Jerry D. Stanger, Chief
California Department of Health Services
Payment Systems Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN, Medical and Dental — Effective 10/1/06

EXEMPTIONS SUMMARY, Medical and Dental — Effective 10/1/06

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)
DHS-HCO #02-1633
H #0802-0650

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Services with the reports listed below.

- ☐ MSC-B-M27 – Approved Emergency Disenrollments by Reason and Plan – Medical
- ☐ MSC-B-M27D – Approved Emergency Disenrollments by Reason and Plan – Dental
- ☐ MSC-B-M29 – Medical Exemptions Summary
- ☐ MSC-B-M29D – Dental Exemptions Summary

Note 1: Effective 11/1/06, Care 1st Health Plan will replace UHP Healthcare as a Dental Managed Care PHP in Los Angeles County. (Ref: H-Letters #0606-2329 and #0706-2377)

If you have any questions regarding this report, please contact Harry Gill at (916) 364-6620.

Sincerely,

Signature on Original Copy

Benjamin R. Coss
Project Director
California Health Care Options

cc: Reports File
Admin File – ID #1235

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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 8/25/2006 - 9/25/2006

MAXIMUS

2 PLAN & GMC COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA	Alameda Alliance For Health	0	1	0	0	11	1	0	0	11	0	1	81	3	10	0	0	0	0	0	0	0	0	0	0	0	119
	Blue Cross of CA Partnrshp	0	0	0	0	10	0	0	0	0	0	8	0	2	0	0	0	0	0	0	0	0	0	0	0	2	22
	COUNTY TOTAL	0	1	0	0	21	1	0	0	11	0	1	89	3	12	0	0	0	0	0	0	0	0	0	0	2	141
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Contra Costa Health Plan	0	0	0	0	0	4	0	0	1	0	0	18	1	4	0	0	0	0	0	0	0	0	0	0	0	28
	COUNTY TOTAL	0	0	0	0	0	5	0	0	1	0	0	19	1	4	0	0	0	0	0	0	0	0	0	0	0	30
FRESNO	Blue Cross of CA Partnrshp	0	0	0	0	0	25	0	0	0	0	1	24	1	0	0	0	0	0	0	0	0	0	0	0	1	52
	Health Net Comm Solutions	0	1	0	0	0	14	0	0	0	0	1	18	0	25	0	0	0	0	0	0	0	0	0	0	1	60
	COUNTY TOTAL	0	1	0	0	0	39	0	0	0	0	2	42	1	25	0	0	0	0	0	0	0	0	0	0	2	112
KERN	Health Net Comm Solutions	0	0	0	0	0	10	0	0	0	0	0	64	2	60	0	0	0	0	0	0	0	0	0	0	0	136
	Kern Family Health Care	0	0	0	0	0	35	0	0	1	0	0	110	1	10	0	0	0	0	0	0	0	0	0	0	0	157
	COUNTY TOTAL	0	0	0	0	0	45	0	0	1	0	0	174	3	70	0	0	0	0	0	0	0	0	0	0	0	293
LOS ANGELES	Health Net Comm Solutions	0	2	1	0	0	208	1	0	16	0	2	495	66	381	0	0	0	0	0	0	0	0	0	0	11	1,183
	L.A. Care Health Plan	0	7	1	0	0	330	4	0	7	0	6	244	59	121	0	0	0	0	0	0	0	0	0	0	11	790
	COUNTY TOTAL	0	9	2	0	0	538	5	0	23	0	8	739	125	502	0	0	0	0	0	0	0	0	0	0	22	1,973
RIVERSIDE	Inland Empire Health Plan	0	2	0	0	0	20	1	0	6	0	0	97	2	14	0	0	0	0	0	0	0	0	0	0	2	144
	Molina Healthcare Partner	0	0	0	0	0	28	0	0	0	0	0	19	1	4	0	0	0	0	0	0	0	0	0	0	1	53
	COUNTY TOTAL	0	2	0	0	0	48	1	0	6	0	0	116	3	18	0	0	0	0	0	0	0	0	0	0	3	197
SACRAMENTO	Blue Cross of CA Partnrshp	0	6	0	0	0	37	1	0	2	0	1	16	5	15	0	0	0	0	0	0	0	0	0	0	0	83
	Care1st Partner Plan, LLC	0	1	0	0	0	2	0	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	7
	Health Net Comm Solutions	0	0	0	0	0	9	0	0	0	0	1	33	2	15	0	0	0	0	0	0	0	0	0	0	1	61
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	4
	Molina Healthcare Partner	0	0	0	1	0	5	0	0	0	0	3	11	3	3	0	0	0	0	0	0	0	0	0	0	0	26
	WHA Community Health Plan	0	0	0	0	0	4	0	0	0	0	0	13	4	1	0	0	0	0	0	0	0	0	0	0	0	22
	COUNTY TOTAL	0	7	0	1	0	57	1	0	2	0	5	76	17	36	0	0	0	0	0	0	0	0	0	0	1	203
SAN BERNARDINO	Inland Empire Health Plan	0	3	0	0	0	16	1	0	2	0	2	123	11	4	0	0	0	0	0	0	0	0	0	0	1	163
	Molina Healthcare Partner	0	0	0	0	2	12	0	0	1	0	0	79	2	6	0	0	0	0	0	0	0	0	0	0	1	103
	COUNTY TOTAL	0	3	0	0	2	28	1	0	3	0	2	202	13	10	0	0	0	0	0	0	0	0	0	0	2	266
SAN DIEGO	Blue Cross of CA Partnrshp	0	2	0	0	0	5	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	1	11
	Care1st Partner Plan, LLC	0	0	1	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	1	7
	Community Hlth Grp Partner	0	1	0	0	0	34	1	0	1	0	3	17	0	3	0	0	0	0	0	0	0	0	0	0	1	61
	Health Net Comm Solutions	0	2	0	0	0	6	0	0	0	0	0	29	5	36	0	0	0	0	0	0	0	0	0	0	0	78
	KP Cal, LLC	0	0	0	0	0	2	0	0	0	0	1	0	0	4	0	0	0	0	0	0	0	0	0	0	0	7
	Molina Healthcare Partner	0	2	0	1	0	24	0	0	0	0	1	19	0	2	0	0	0	0	0	0	0	0	0	0	0	49
	COUNTY TOTAL	0	7	1	1	0	73	1	0	1	0	5	69	6	46	0	0	0	0	0	0	0	0	0	0	3	213
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	San Francisco Health Plan	0	0	0	0	0	3	0	0	2	0	0	16	0	5	0	0	0	0	0	0	0	0	0	0	1	27
	COUNTY TOTAL	0	0	0	0	0	5	0	0	2	0	0	16	0	5	0	0	0	0	0	0	0	0	0	0	1	29
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	9	3	0	0	0	0	0	7	0	8	0	0	0	0	0	0	0	0	0	0	0	27
	Health Plan of San Joaquin	0	1	0	0	9	1	1	0	1	1	1	33	1	16	0	0	0	0	0	0	0	0	0	0	0	65
	COUNTY TOTAL	0	1	0	0	18	4	1	0	1	1	1	40	1	24	0	0	0	0	0	0	0	0	0	0	0	92
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	6	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	9
	Santa Clara Family H.P.	0	0	0	0	0	24	0	0	1	0	1	94	0	25	0	0	0	0	0	0	0	0	0	0	0	145
	COUNTY TOTAL	0	0	0	0	0	30	0	0	1	0	1	96	0	26	0	0	0	0	0	0	0	0	0	0	0	154
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	1	5	1	0	1	0	1	30	1	1	0	0	0	0	0	0	0	0	0	0	0	41
	Health Net Comm Solutions	0	2	0	0	0	0	0	0	0	0	4	24	1	25	0	0	0	0	0	0	0	0	0	0	1	57
	COUNTY TOTAL	0	2	0	0	1	5	1	0	1	0	5	54	2	26	0	0	0	0	0	0	0	0	0	0	1	98
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	8	0	0	0	0	0	14	0	6	0	0	0	0	0	0	0	0	0	0	2	30
	Health Net Comm Solutions	0	0	0	0	0	5	0	0	1	0	0	18	0	15	0	0	0	0	0	0	0	0	0	0	0	39
	COUNTY TOTAL	0	0	0	0	0	13	0	0	1	0	0	32	0	21	0	0	0	0	0	0	0	0	0	0	2	69
2 PLAN & GMC COUNTY TOTAL		0	33	3	2	42	891	11	0	54	1	30	1,764	175	825	0	0	0	0	0	0	0	0	0	0	39	3,870

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 8/25/2006 - 9/25/2006

MAXIMUS

VOLUNTARY COUNTIES																											
COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	33	3	2	42	891	11	0	54	1	30	1,766	175	825	0	0	0	0	0	0	0	0	0	0	39	3,872

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 E13 = Pregnancy
 I01 = System Created

F01 = Could Not Choose Dr
 F02 = HP Did Not Meet Needs/Bene Pref.
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go
 F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason

F10 = No Reason Checked
 X01 = Waiver Program Exempt
 X03 = Indian Health Coverage
 X04 = Medical Exempt

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 8/25/2006 - 9/25/2006

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																										
COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
SACRAMENTO	Access Dental Plan	0	2	0	1	0	0	0	0	1	0	0	14	0	0	0	0	0	0	0	0	0	0	1	0	19
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13
	Liberty Dental Plan of CA	0	1	0	0	0	0	0	0	0	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	20
	Western Dental Services	0	1	0	0	0	0	0	0	1	0	0	33	1	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	0	4	0	1	0	0	0	0	2	0	0	79	1	0	0	0	0	0	0	0	0	0	1	0	88
GMC MANDATORY COUNTIES TOTAL		0	4	0	1	0	0	0	0	2	0	0	79	1	0	0	0	0	0	0	0	0	0	1	0	88
VOLUNTARY DENTAL COUNTIES																										
COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
LOS ANGELES	Access Dental Plan	0	0	0	0	0	23	0	0	0	0	0	18	1	0	0	0	0	0	0	0	0	0	0	0	42
	American Health Guard	0	1	0	0	0	9	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	15
	Community Dental Svc, Inc.	0	1	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
	Health Net	0	2	0	0	0	14	0	0	1	0	0	34	1	0	0	0	0	0	0	0	0	0	0	0	52
	Liberty Dental Plan of CA	0	2	0	0	0	5	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	9
	SafeGuard Dental, Inc.	0	1	0	0	0	6	0	0	3	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	29
	UHP Healthcare	0	2	0	0	0	8	0	0	2	0	0	13	2	0	0	0	0	0	0	0	0	0	0	0	27
	Western Dental Services	0	6	0	0	0	14	0	0	0	0	0	49	6	0	0	0	0	0	0	0	0	0	0	0	75
	COUNTY TOTAL	0	15	0	0	0	81	0	0	6	0	0	140	11	0	0	0	0	0	0	0	0	0	0	0	253
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	UHP Healthcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTIES TOTAL		0	15	0	0	0	81	0	0	6	0	0	141	11	0	0	0	0	0	0	0	0	0	0	0	254
GRAND TOTAL		0	19	0	1	0	81	0	0	8	0	0	220	12	0	0	0	0	0	0	0	0	0	1	0	342

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 I01 = System Created
 F01 = Could Not Choose Dr

F02 = HP Did Not Meet Needs/Bene Pref.
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go
 F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason
 F10 = No Reason Checked

X01 = Waiver Program Exempt
 X02 = Dental Exempt
 X03 = Indian Health Coverage

Note 1: Effective 11/1/06, Care 1st Health Plan will replace UHP Healthcare as a Dental Managed Care PHP in Los Angeles County. (Ref: H-Letters #0606-2329 and #0706-2377)

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